

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 16, 2017

Ms. Nancy Peers, Manager
Brookdale At Fillmore Pond
300 Village Lane
Bennington, VT 05201-9041

Dear Ms. Peers:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 24, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



PRINTED: 02/01/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/24/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

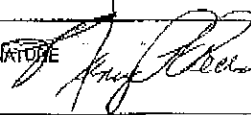
BROOKDALE AT FILLMORE POND

300 VILLAGE LANE
BENNINGTON, VT 05201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
R100	Initial Comments: An unannounced on-site, entity reported incident investigation was conducted by the Division of Licensing and Protection on 1/24/17. There were regulatory findings.	R100	This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements.	
R134 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review, the facility failed to complete an assessment within 14 days of admission for 1 of 2 residents reviewed, Resident #2. Findings include: A record review for Resident #2 presented that s/he had been admitted to the facility on 1/4/16 with diagnoses of Severe Alzheimer's Dementia, Depression and history of compression fractures. The resident began receiving Hospice Care services 7/21/16 secondary a severe overall decline and expired 8/5/16. The record presented that the resident was a fall risk and had sustained falls. There were changes to a safety care plan. Further review of the medical record did not produce evidence that an assessment had been completed within 14 days of admission. Per	R134	In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments nor have we identified all mitigating factors. R134 Resident Care and Home Services 5.7 Assessment 5.7a Corrective Action: Audit of all current residents to be completed to verify all residents have had a VT Assessment completed within the past year or with significant change in condition. If a VT Assessment was not completed within the past year or with their most recent significant change in condition, a VT assessment will be completed by the Health and Wellness Director (HWD) or RN designee and placed in the resident's medical record. Systemic Changes: HWD will re- Inservice all RN's that VT assessment tool shall be utilized along with Brookdale Personal Service Assessment and Personal Service Plan for all resident admissions, annual and significant changes in condition.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE Executive Director

(X5) DATE 2/14/17

STATE FORM

0555

YMMB11

If continuation sheet 1 of 3

R134-R206 POCs accepted Bortell RN/ML 2/15/17

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NAME OF PROVIDER OR SUPPLIER BROOKDALE AT FILLMORE POND		STREET ADDRESS, CITY, STATE, ZIP CODE 300 VILLAGE LANE BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R134	Continued From page 1 Interview with the Registered Nurse, Health Wellness Director (HWD), the facility had been cited for non-compliance surrounding not completing admission assessments, annual assessments and significant change assessments. Review of the Plan of Correction for that investigation gave a date of 6/30/16 for correction of the citation. The HWD confirmed at 12:28 PM, that the facility had not completed an admission assessment for Resident #2 and therefore there were no significant change assessments completed for the resident.	R134	Monitoring Process: ED or designee will audit 100% of all assessments for new move ins by the 14th day after move in, to verify completion of VT assessment. For 2 months, ED or designee will complete 100% audit of all assessments completed during previous month to verify VT assessment was completed. Thereafter, 10% audit of all assessments completed during the previous month will be conducted by the ED or designee, to verify compliance with VT assessment documentation requirements.	03/31/17
R206 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report a case of suspected abuse within 48 hours. Findings include: Resident #1 was reported to be secluded in his/her room by a Residential Care Assistant (RCA) and per medical record review, the incident occurred on 12/2/16. The RCA that reported the incident to the administration, did not do so until 12/8/16. At 2:50 PM on 1/24/17, the	R206	R206 Resident Care and Home Services 5.18 Reporting of Abuse, Neglect or Exploitation 5.18 Corrective Action: Associates associated with the allegation of abuse were immediately placed on administrative leave, pending investigation of allegation. Investigation concluded there were no findings of abuse. Associates associated with the allegation of abuse, were re-inserviced regarding immediate reporting of suspicion of abuse, neglect or exploitation of a resident prior to returning to work (see attachment A). All other staff at the community will be re-inserviced regarding immediate reporting of suspicion of abuse, neglect or exploitation of a resident. Systemic changes: All new associates will continue to attend mandatory orientation which includes Brookdale Policy and Procedure for reporting abuse, neglect and exploitation (see attachment B). All staff will continue to attend mandatory yearly inservice of reporting of abuse, neglect and exploitation. Monitoring: ED will verify the visibility of the Reporting of Abuse poster, near the associates' time clock and ED or designee will review 24 hour log daily for any potential concerns.	02/28/17

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R206	Continued From page 2 Registered Nurse, Health Wellness Director (HWD), stated that s/he was made aware of the incident on 12/8/16 and stated that the RCA that had made the report to him/her should have reported the incident to the nurse or administration as soon as it happened. The HWD also confirmed at this time that the incident should have been reported to the State Agency and Adult Protective Services within the required 48 hours and it had not been.	R206			

Attachment B

Policy Name: Abuse, Neglect & Exploitation Policy – VT-1	Effective Date: 10/2015
Category/Sub-Function: Operations/Clinical Services	Last Revised:
Applies to: Assisted Living, Alzheimer's and Dementia Care- VT	Policy Owner: SVP Clinical Services

Policy Overview

Our Company is committed to maintaining a safe environment for each resident, visitor and associate. Instances or allegations of abuse, neglect or exploitation should be treated seriously and must be reported to the Executive Director or the supervisor on duty for investigation and appropriate follow-up.

Policy Detail**1. Definitions:**a. **"Abuse"** as defined in Vermont is:

- (1) Any treatment of a vulnerable adult which places his or her life, health, or welfare in jeopardy or which results in impairment of health;
- (2) Any conduct committed with intent to cause or reckless disregard of unnecessary pain, harm, or suffering;
- (3) Unnecessary or unlawful confinement or restraint of a vulnerable adult;
- (4) Intentionally subjecting a vulnerable adult to behavior which results in intimidation, fear, humiliation, degradation, agitation, disorientation, or other forms of serious emotional distress;
- (5) Any sexual activity with a vulnerable adult by a caregiver who volunteers for or is paid by a care-giving facility or program. (This definition shall not apply to a consensual relationship between a vulnerable adult and a spouse, nor to a consensual relationship between a vulnerable adult and a caregiver hired, supervised, and directed by the vulnerable adult);
- (6) Administration of a drug, substance or preparation to a vulnerable adult for a purpose other than legitimate and lawful medical or therapeutic treatment.

b. **"Neglect"** as defined in Vermont, means purposeful or reckless failure or omission by a caregiver to:

- (1) Provide care or arrange for goods or services necessary to maintain the health or safety of a vulnerable adult;
- (2) Make a reasonable effort, in accordance with the authority granted the caregiver, to protect a vulnerable adult from abuse, neglect, or exploitation by others;
- (3) Carry out a plan of care for a vulnerable adult when such failure results in or could reasonably be expected to result in physical or psychological harm or a substantial risk of death to the vulnerable adult, unless the caregiver is acting pursuant to the wishes of the vulnerable adult or his or her representative, or advance directive;
- (4) Report significant changes in the health status of a vulnerable adult to a physician, nurse, or immediate supervisor, when the caregiver is employed by an organization that offers, provides or arranges for personal care.

Neglect may be repeated conduct or a single incident which has resulted in or could be expected to result in physical or psychological harm, as a result of the actions above.

c. **"Exploitation"** as defined in Vermont, is:

- (1) Willfully using, withholding, transferring or disposing of funds or property of a vulnerable adult for the wrongful profit or advantage of another;
- (2) Acquiring possession, control or an interest in funds or property of a vulnerable adult through undue harassment or fraud;
- (3) Forcing a vulnerable adult against his or her will to perform services for the profit or advantage of another;
- (4) Any sexual activity with a vulnerable adult when the vulnerable adult does not consent or is incapable of resisting due to age, disability or fear of retribution or hardship.

2. Parties Potentially Involved:

- a. Two or more residents.
- b. One or more resident(s), family member(s) and/or visitor(s).
- c. One or more resident(s) and associates.

3. Internal Reporting:

- a. Employee Obligations. Any employee who witnesses or becomes aware of alleged abuse, neglect or exploitation, should report such incident to the Executive Director or supervisor on duty immediately. If the supervisor on duty is the subject of the allegation, the incident should be reported to the Executive Director. If the Executive Director is the subject of the report, the incident should be reported to the District/Regional Director. An associate may also contact their Regional Director of Human Resources or the Employee Hotline at 1-888-898-4000. If an associate does not believe that appropriate action is being taken, the associate must report the alleged abuse, neglect or exploitation to the next level of supervisor.
- b. Internal Reporting Requirements. The Executive Director or designee should report the incident to the District/Regional Director of Operations immediately and should refer to the Reportable Events Policy and Reportable Events Categories/Reporting Time Frames Chart for specific timelines and internal reporting requirements.
- c. Documentation. Enter the incident into the Brookdale Automated Incident Reporting System (BAIRS).

4. Response to Incident:

- a. Protection of Resident. Upon learning of alleged abuse, neglect or exploitation, the Executive Director or supervisor on duty should attempt to take necessary steps to ensure that residents are protected from subsequent episodes of abuse, neglect or exploitation while a determination on the matter is pending.
- b. Provision of Medical Attention. Any person who is harmed during an incident should be provided medical attention, as appropriate.
- c. Resident on Resident Contact. If an incident involves resident on resident contact, both residents should be evaluated for a change of condition. Residents exhibiting aggressive behavior should be considered for continued appropriateness and interventions should be developed to address their behaviors. The Resident Assessment and Service Plan should be updated as appropriate.

5. Investigation:

- a. Internal Investigation. Upon receipt of an allegation of abuse, neglect or exploitation, the Executive Director, or their designee, should conduct a confidential internal investigation of the incident.
- b. Manner of Conducting Investigation. The investigation should be conducted confidentially and in a manner that is least disruptive to the on-going delivery of services and daily routine of the community.

- (1) The investigation should include interviews with potential witnesses, which may include the alleged perpetrator, the alleged victim, associates, other residents and visitors to the community.
 - (2) Witnesses should be interviewed separately so that their statements are not influenced by others' recollections. The interviews should occur in a private area.
 - (3) After an interview is completed, instruct the person questioned not to discuss the events surrounding the incident/occurrence with others. Explain that a personal recollection of an event can become blurred when hearing additional information second hand from others.
- c. Timing of Investigation. The investigation should be initiated as soon as practicable upon becoming aware of an incident.
- d. Investigation Record. The Executive Director or designee should maintain a written record of the investigation. A summary of interviews should be prepared by the Executive Director or designee, including the date, time, name of person being questioned and an impartial report of the facts. See Internal Investigation of Incidents/Occurrences.
- e. Investigation by Designee. If the investigation is conducted by a designee, the designee should report the results of the investigation to the Executive Director. If the Executive Director is the subject of the allegation, the investigation should be conducted by the District/Regional Director or designee and the results should be reported to the Regional Vice President (RVP).
- f. Employment Response Based upon Investigation Results. Based upon the results of its investigation, the Company may take such action as it deems appropriate with respect to the employment or contract status of the accused, up to and including termination of employment or the contract.

6. External Reporting/Notification

- a. Notifying Responsible Party. The Executive Director or supervisor on duty should notify the resident's legally responsible party, if there is an allegation of abuse, neglect or exploitation.
- (1) The notification should occur as soon as practicable.
 - (2) Notification and attempts at notification should be documented in the Resident Log, and in BAIRS.
- b. Notifying Physician. The Executive Director or supervisor on duty should notify the resident's physician if there is an allegation of resident abuse, neglect or exploitation.
- (1) The notification should occur as soon as practicable.
 - (2) Notification and attempts at notification should be documented in the Resident Log, and in BAIRS.
- c. Report to the Vermont Adult Protective Services. The Executive Director or designee, in consultation with the District Director of Operations, shall report all allegations, suspicions, or witnessed occurrences of abuse, to the Vermont Adult Protective Services within 48 hours of hearing about incident by calling:

Toll-Free: 1-800-564-1612

Phone: (802) 871-3317

Fax: (802) 871-3318

Online: Abuse Reporting Form - available 24/7

Call the Emergency Services Program (ESP) at 1-800-649-5285 to make a report after business hours, on weekends or holidays,

- d. Involvement of Law Enforcement. The Executive Director or designee should notify local law enforcement when it appears that a crime has been committed. Legal should be contacted if there is a question regarding whether law enforcement should be notified.

7. Sexual Abuse and/or Rape Procedure. In the event of suspected rape or sexual abuse, the following procedure should also occur in addition to the procedure above:

- a. Develop Plan. A plan should be developed as soon as practicable and implemented to protect the suspected victim.
- b. Medical Examination. The suspected victim should have a medical examination as soon as possible. Prior notice should be given to the examining physician that the individual may have been raped or sexually abused. The victim and/or the Legally Responsible Party (if Resident lacks capacity) have the right to refuse this examination.
- c. Preserving Evidence. Evidence or potential evidence (e.g. linens, clothing, and body fluids) should be preserved and not altered or destroyed.
- d. Provide Counseling. The Community should contact an agency or individual trained in dealing with rape or sexual abuse to interview the Resident and provide counseling or intervention, as needed.

Related Documents/ Other Manuals

VT Resident Bill of Rights

Forms/Links

None